

# SAMPLE SUBMISSION FORM



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Submission Form Reference Number:

<b>Business Name:</b>		<b>Report To:</b>			<b>Customer Submission Reference:</b>	
<b>Postal Address:</b>		<b>Extra Copies To:</b>			<b>Date Submitted:</b>	
		<b>Purchase Order Number:</b>			<b>Submitted By:</b>	
		<b>Quote Number:</b>			<b>Results Required By:</b>	
<b>Contact Person:</b>		<b>Market Access for Samples:</b>			<b>Sampled By:</b>	
<b>Phone:</b>	<b>Mobile:</b>	<b>Report By:</b>	<b>Email</b> <input type="checkbox"/>	<b>Fax</b> <input type="checkbox"/>	<b>Mail</b> <input type="checkbox"/>	<b>Sample Storage Instructions:</b>
<b>Fax:</b>	<b>Sampling Date<sup>1</sup> &amp; Time<sup>2</sup></b>		<sup>1</sup>	<sup>2</sup>	Ambient 18 – 25°C <input type="checkbox"/> Chill 2 – 8°C <input type="checkbox"/> Frozen –15 to – 25°C <input type="checkbox"/>	

SAMPLE DETAILS						NB: PLEASE ATTACH A SAFETY DATA SHEET / PRODUCT SPECIFICATION SHEET IF APPLICABLE		
<i>(Send a separate sample for microbiological, chemical and pathogen testing)</i>								
<b>Sample Number:</b> (AQ Use)								
<b>Product or Specification Code (spec)</b>								
<b>Sample ID:</b>								
<b>Manufacturing Date:</b>								
<b>Best Before/ Expiry /Used by Date:</b> (circle one)								
<b>Quality Unit or Composite:</b>								
<b>Number of Units sent per sample:</b>								
<b>Test ↓</b> <small>incl weight &amp;/or reporting unit required</small>	<b>ANALYTICAL REQUIREMENTS</b> <i>(Tick the test required for each sample)</i>							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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